

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

ADDRESS (number and street) 2350 KERNER BLVD., SUITE 250

☐ (Check if address is changed)

SAN RAFAEL

CA

94901

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

sscall@nmgovlaw.com

☐ (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y Y Y
04 / 02 / 2012

3. FEC IDENTIFICATION NUMBER

C C00384362

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JASON D. KAUNE

Signature of Treasurer JASON D. KAUNE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 12 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)